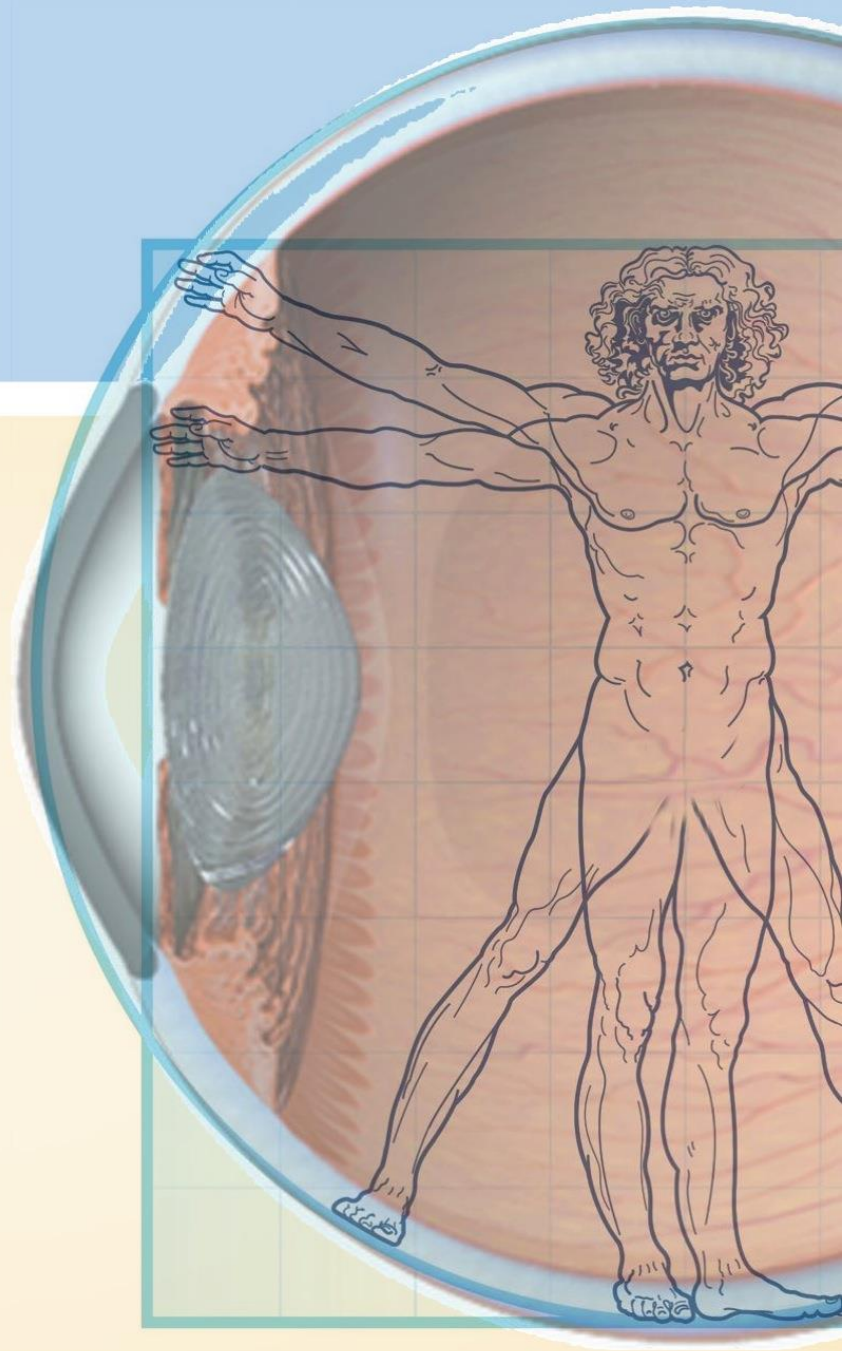




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# Overview of Primary Care Vision Screening Recommendations for Children

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# Disclosure

- Member of the American Academy of Pediatrics
- Consultant to Bright Futures
- Member of the US Preventive Services Task Force (since January 2014)



# Screening

- For conditions for which the benefit of early detection outweighs the harm
- Process, not just the application of a test
- Detection and treatment during pre-symptomatic or early symptomatic period
  - For vision – if already symptomatic, then child should be referred for treatment



# Screening Mirrors Developmental Trajectories

- Risk factors for amblyopia
- Amblyopia
- Poor visual acuity



# The Debates

- When and How to Screen
- When to Refer and To Whom



# US Preventive Services Task Force

- The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors. Grade: B Recommendation
- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of vision screening for children < 3 years of age. I statement.



# I Statement

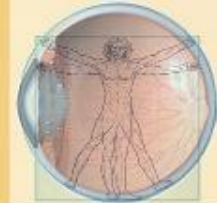
- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.
- Suggestions for Practice – If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.





# Vision Screening Evidence Gaps: <3 years of age

- Inadequate evidence that early treatment of amblyopia leads to improved visual outcomes
- Inadequate evidence related to the harms of screening and treatment



# AAP Policy – Eye Examination in Infants, Children, and Young Adults by Pediatricians

- Birth – 3 Years:
  - History
  - Assessment
  - Exam
- 3 Years and Older:
  - Age-Appropriate Acuity Measurement
  - Ophthalmoscopy



# American Academy of Pediatrics

- Photoscreening and handheld autorefractometry may be electively performed in children 6 months to 3 years of age
- These devices can be used in older children

<http://pediatrics.aappublications.org/content/130/5/983.full>



# Bright Futures

- Follows AAP Policy
- Clarifies referral for children who cannot be tested
- Provides strategies for quality improvement



# Policy Thoughts

- $\geq 3$  Years
  - Identification of “best” screening tests
  - How to assure comprehensive screening
    - Short-Term Follow-up
    - Long-Term Follow-up
- $<3$  years
  - Improve identification of children at high risk and assuring referral
  - Conducting the necessary studies – an area that would benefit from NIH attention



# Optimal Solution

- Screening rates in primary care settings are variable
- Screening, as a process, not always done well
- Great opportunity to partner with community resources

